

MARGIN RESERVED FOR BINDING
 D. Form 2
 N. B. - WHEN PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH (Dist. No. 2681) Series No. 167 Division of Vital Statistics
 County Marshall West Virginia State Department of Health
 District Whittington CERTIFICATE OF DEATH 11681
 Town or City Glendale, W. Va. No. Glendale Hospital St. Ward
 2 FULL NAME Georgiana Leech (If non-resident give city or town and state)
 (a) Residence No. 1539 Marshall, Benwood St. Ward
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. A., if of foreign birth yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, Divorced (write the word) Married
 5a If married, widowed or divorced HUSBAND of John Leech
 (or) WIFE of (Give full maiden name)
 6 DATE OF BIRTH Sept. 2, 1860
 (month, day and year) Years Months Days If LESS than 1 day hrs. min.
 7 AGE 67 2 27
 8 OCCUPATION OF DECEASED (a) Trade, profession or Housework.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9 BIRTHPLACE (city or town) Virginia (State or country)
 10 NAME OF FATHER S. A. J. Morningsstar
 11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)
 12 MAIDEN NAME OF MOTHER Annie Whittington
 13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)
 14 SIGNATURE OF INFORMANT Mr. Geo. L. Bissett, McMechen, W. Va.
 (Address)
 15 Received Oct. 1, 1927 W. D. Early REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept. 29th, 1927
 17 I HEREBY CERTIFY That I attended deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on date stated above, at 10:20 P.M.
 The CAUSE OF DEATH was as follows:
accidentally struck by Automobile
188-3
 (Duration) yrs. mos. ds.
 Contributory fractured skull
 (Secondary or finishing cause) (Duration) yrs. mos. ds.
 18 Where was disease contracted, if not at place of death?
 (Duration) yrs. mos. ds.
 Did an operation precede death? Date of
 Was there an autopsy?
 What test confirmed diagnosis?
 (Signed) Paul H. McCord, Whittington, W. D.
 (Address) Benwood, W. Va.

19 PLACE OF BURIAL Greenlawn Cemetery
 Cremation or Removal 20 Undertaker COOXY-BENTZ CO.
 Date of Burial Oct. 2, 1927
 Address 36th & Jacob St. Marshall, W. Va.